CAUSE OF DEATH CERTIFICATION

COMMONWEALTH BUREAU OF CENSUS AND STATISTICS

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A booklet for the guidance of medical practitioners in completing medical certificates of cause of death

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PREFACE

The Medical Certificate of Cause of Death, apart from being an important legal document detailing the fact and circumstance of death, is the source of information used in Australia (and most other countries) for the preparation of statistics of causes of death. These statistics are widely used in assessing public health problems and for medical research.

Officers of the Commonwealth Bureau of Census and Statistics select from the statement of cause of death, which is reported on the certificate, the 'underlying cause of death' and classify this cause according to the World Health Organization's International Classification of Diseases, Injuries and Causes of Death. The quality of the resulting statistics of causes of death depends on the ability of the certifier to present his opinion as to the sequence of events leading directly to death in a manner which will ensure that his opinion is conveyed clearly to the officers of the Bureau. It is with this point that this booklet is concerned, for application of care and judgment in the completion of the medical certificate can enhance the quality of the statistics and minimise the need for Bureau staff to refer back to the certifying doctor for additional information when inadequate, partial, or vague information about the cause of death has been reported.

This booklet replaces a similar publication issued in 1958 for the guidance of Australian medical practitioners. It incorporates the changes resulting from (*a*) the adoption of the Eighth Revision of the International Classification for the preparation of Australian statistics of cause of death, and (*b*) the introduction of a new certificate for reporting perinatal deaths. A copy of the Provisional Alphabetical Index and the Tabular List of categories of the International Classification will be made available to medical practitioners free of charge on application to the relevant State offices of the Bureau of Census and Statistics at the addresses given in the back of this booklet.

Bureau officers can also be contacted at the respective State offices for advice as to the correct method of reporting causes of death to meet statistical requirements; for assistance in relation to the use of the International Classification of Diseases, Injuries and Causes of Death; as to the availability and correct interpretation of statistical series on causes of death in Australia; or for further copies of this booklet, if required.

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INTRODUCTION

The Eighth Revision (1965) of the International Classification of Diseases, Injuries and Causes of Death was adopted for classifying causes of death for Australian statistics from 1 January 1968. In this revision of the International Classification, the number of disease categories and sub-categories has been increased to meet the demands of specialists, public health authorities and research workers. In order to be able to assign causes of death correctly to the more detailed classification, increased precision is required in the completion of the information on the Certificate of Cause of Death.

This booklet sets out the principles which should be kept in mind when completing the sections of the relevant certificates dealing with the cause of death, and specifies particular disease conditions about which additional information is frequently required for precise classification.

In a large percentage of cases, a sequence of morbid events will have led to death. From the standpoint of prevention of deaths, the most effective objective is to prevent the precipitating cause from operating, and for this reason, the World Health Organization has recommended that the *underlying cause of death* should be tabulated by all countries. The underlying cause has been defined as:

'(*a*) the disease or injury which initiated the train of morbid events leading directly to death, or

(*b*) the circumstances of the accident or violence which produced the fatal injury.'

In order to ensure uniformity in classification, it is essential that the complete sequence of events be reported on the certificate. Certain diseases commonly give rise to more than one complication, which in turn can lead to death, and the International Classification provides categories for classifying combinations of these diseases and the complications, to furnish more information on how the underlying cause led to death.

There are two types of death certificate in use in Australia, and each of these is dealt with separately. Section I of this booklet relates to the completion of the *standard death certificate*; Section II relates to the completion of the *perinatal death certificate* which is used for foetal deaths and deaths occurring within twenty-eight days after birth. Two other sections, Principal Deficiencies in Reporting (Section III), and List of Terms Inadequate for Classification of Causes of Death (Section IV) have been included in the booklet so that certifiers may be aware of the extent of qualifying medical information which is needed for the accurate classification of the underlying cause of death.

STANDARD DEATH CERTIFICATE

The form of cause of death question reproduced below is that recommended by the World Health Organization for international use, and is the form of question used on certificates of cause of death by all Australian States and Territories.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
Disease or condition directly leading to death[a]	(a) ..... due to (or as a consequence of)	.....
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) ..... due to (or as a consequence of)	.....
	(c)	.....
	.....	.....
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	.....	.....
	.....	.....

[a] This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

This form of question is designed so that doctors will record their opinion on the morbid conditions leading to death in a way which presents the *underlying cause of death and associated conditions* in a clear and logical manner. When a certificate is completed correctly, the selection of the underlying cause of death is simplified and, where a number of conditions were involved in the sequence of events leading to death, the association of the various conditions is clearly indicated, thus enabling accurate classification.

It is essential that doctors report *all* significant diseases and/or conditions which led or contributed to death, and complete the section of the certificate which is provided for reporting the approximate interval between the onset of these conditions and death.

Part I, Line (a), Disease or condition directly leading to death

Enter on line I (*a*) the direct cause of death, that is the disease, injury or complication which led directly to death. Do *not* enter the mode of dying, e.g. heart failure, asthenia, etc. *There must always be an entry on line I* (*a*). If the condition reported on line I (*a*) was not due to, or did not arise as a consequence of, any antecedent disease or injury, it should be the only condition reported in Part I of the certificate (*see* Example 8, page 11).

If the direct cause of death was a purely terminal condition, this should be stated (e.g. *terminal* hypostatic pneumonia) (*see* Example 4, page 7). The classification officers of the Bureau are often uncertain as to whether a condition is terminal or arose independently of other conditions entered on the certificate.

Part I, Lines (b) and (c), Antecedent causes

If the direct cause of death on line I (*a*) was due to, or arose as a consequence of, some other disease or injury, this disease or injury should be entered on line I (*b*). The condition (if any) entered on line I (*b*) must be considered to have been antecedent to the direct cause in respect of time. A condition should be regarded as being antecedent not only in an aetiological or pathological sense, but also where it is believed that this condition prepared the way for the direct cause by damage of tissues or impairment of function, even after a long interval (*see* Example 4, page 7).

If the condition entered on line I (*b*) was itself due to, or arose as a consequence of, some other condition (in the same sense as described above), this other condition should be reported on line I (*c*). Similarly, a condition antecedent to that reported on line I (*c*) should be reported on line I (*d*) and so on. Lines I (*d*) etc. may be written-in on the certificate as required to report the sequence of events in full (*see* Example 9, page 12). On no account must the starting point of the sequence be entered in Part II because of lack of space in Part I.

When a certificate has been completed correctly, the underlying cause (i.e. the condition which started the train of events leading to death) will appear alone on the lowest used line of Part I and the conditions, if any, which arose as a consequence of this underlying condition will appear above it, one condition to each line, in ascending order of causal sequence.

Occasionally two independent diseases may be thought to have contributed equally to the fatal issue, and in such unusual circumstances they may be entered on the same line.

Part II, Other significant conditions

After completing Part I, the certifier must consider whether there were any other significant conditions which, though not in the causal sequence in Part I, contributed to the fatal outcome. If so, these conditions should be entered in Part II. Such conditions must not be related to the direct cause of death on line I (*a*), but may be a by-product at some stage of the main sequence in Part I—e.g. Part I (*a*) Cerebral haemorrhage; (*b*) Arteriosclerosis; Part II Gangrene.

Normal pregnancy should be entered in Part II if it is thought to have contributed to the death (*see* Example 9, page 12).

Interval between onset and death

The interval between the onset of each condition entered on the certificate and the date of death, should be entered in the column provided. Where the time or date of onset is not known, the best estimate should be made. The unit of time should be entered in each case (for example, 5 minutes, 1 day, 3 weeks, 4 months, 2 years).

In a properly completed certificate, the interval between onset and death for the condition entered on line I (*a*) will never exceed that for the condition on line I (*b*) or I (*c*); nor will the interval for I (*b*) exceed that for I (*c*), since the sequence in Part I should always proceed upwards.

Examples of method of completing the Standard Death Certificate

1. On 10 January a diagnosis of measles (rubeola) was made in a child aged 4 years. On 17 January bronchopneumonia (staphylococcal) developed and the child died 3 days later.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Bronchopneumonia (Staphylococcal) due to (or as a consequence of)	3 days
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) Measles due to (or as a consequence of)	10 days
	(c)	
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		

*This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

Here the direct cause of death was bronchopneumonia due to secondary-invading staphylococcus and therefore this condition must be mentioned.

2. Male aged 60 years who had a history of hypertension for 20 years and symptoms of ischaemic heart disease for 5 years, dropped dead at work. Cause of death was diagnosed as coronary occlusion, which was confirmed at autopsy.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Coronary occlusion	Immediate
	due to (or as a consequence of)	
Antecedent causes	(b) Coronary arteriosclerosis	5 years
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of)	
	(c) Hypertension (benign)	20 years
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		

*This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

3. Female aged 59 years with a history of hypertension for 10 years was admitted to hospital for investigation following complaint of persistent headache for some weeks. Exploratory craniotomy on 24 March 1969 revealed she was suffering from an inoperable tumour of left temporal lobe. Biopsy showed tumour to be an astrocytoma. Patient died 18 May 1969.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Astrocytoma of left temporal lobe	months
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of) (b) ..... due to (or as a consequence of) (c)	....
II *Other significant conditions* contributing to the death, but not related to the disease or condition causing it	Hypertension (benign)	10 years .....

* This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

Hypertension was thought to have influenced the course of the illness unfavourably but was in no way related to the astrocytoma and, therefore, is reported in Part II.

4. Female, aged 80 years, tripped over a rug in her home and felt and sustained a fracture of the neck of the left femur. She had an operation for insertion of Smith-Petersen pin the following day. Six weeks later her condition deteriorated and she developed hypostatic pneumonia and died two days later.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Terminal hypostatic pneumonia due to (or as a consequence of)	2 days
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) Fracture neck of femur (pinned) due to (or as a consequence of)	6 weeks
	(c) Tripped over rug in home	6 weeks
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		

*This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

Where the underlying cause of death is due to external causes, a concise statement of the circumstances is required. Details of where (e.g. 'at home', 'at work', etc.) and how the injury was received should be given.

5. Male aged 88 years was admitted to hospital on 7 February 1969 with a grossly enlarged liver. The liver was believed to have been enlarged for about one year. He had suffered a cerebral thrombosis early in 1966 and was often mentally confused. He had a long history of mild asthma. Apart from vague abdominal discomfort he appeared to be comfortable but died on 9 February. The cause of the enlarged liver was not determined and autopsy was not performed.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Hepatomegaly	1 year
Antecedent causes	due to (or as a consequence of)	
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) Aetiology unknown	
	due to (or as a consequence of)	
	(c)	
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	Asthma	many years
	Senility	3 years

*This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

If the cause is unkown this should be stated. Otherwise the statistician will be obliged to send a query to the certifier.

6. Male aged 61 years was admitted to hospital with renal failure and died 10 days later. No autopsy was performed. Cause of renal failure was uncertain but was thought to be due to urinary obstruction as a result of a markedly hypertrophied prostate gland. The patient suffered from rheumatoid arthritis for 20 years.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I *Disease or condition directly leading to death**	(a) Renal failure due to (or as a consequence of)	10 days
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) Hypertrophy of prostate (benign) due to (or as a consequence of)	some years
	(c)	
II *Other significant conditions* contributing to the death, but not related to the disease or condition causing it	Rheumatoid arthritis	20 years

*This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

The onus is placed on the medical practitioner to make a judgment as to the antecedent cause. If he wishes he may use qualifying phrases to show any uncertainty, e.g. 'Probably due to hypertrophy of prostate (benign)'.

7. Woman aged 39 years had two previous full-term pregnancies although each had been accompanied in the later stages by signs of mild pre-eclamptic toxaemia. Her L.M.P. was early in December 1967 and the first ante-natal attendance was on 4 February 1968. In spite of appropriate advice she failed to attend the hospital until 7 August. By this time her weight had increased about 2 stone. She had marked oedema, her urine showed gross albuminuria and she complained of headaches and visual disturbances. She had suffered a slight fit that afternoon. She was immediately admitted as an early case of eclampsia but in spite of intensive treatment suffered 3 more fits and died. Autopsy revealed a large cerebral haemorrhage.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Cerebral haemorrhage	3 hours
	due to (or as a consequence of)	
Antecedent causes	(b) Eclampsia	1 day
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of)	
	(c) Toxaemia of pregnancy (pre-eclamptic)	1 month
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		

*This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

8. A male aged 39 years was admitted to hospital following onset of a sudden intense headache, vomiting and vertigo. There was a history of previous migraine attacks. His condition rapidly deteriorated, he became restless, delirious, showed signs of left hemiplegia and became comatose. Lumbar puncture confirmed the presence of a subarachnoid haemorrhage. He died 8 hours after the onset of the headache and a ruptured intracranial aneurysm was found at autopsy.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I		
*Disease or condition directly leading to death**	(a) Ruptured intracranial aneurysm due to (or as a consequence of)	8 hours
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) ..... due to (or as a consequence of)	
	(c)	
	.....	
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	.....	
	.....	

*This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.

The one condition describes sufficiently the sequence of events leading to death and there is no need to mention the manifestations.

9. A female aged 24 years, pregnant for 4 months, was admitted to hospital with sudden onset of hemiplegia. Her history revealed that she had suffered from rheumatic fever at the age of 10 years, and a diagnosis of mitral stenosis was made. On her second day in hospital the patient died.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	CAUSE OF DEATH	Approximate interval between onset and death
I *Disease or condition directly leading to death**	(a) Hemiplegia due to (or as a consequence of)	2 days
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) Cerebral embolism due to (or as a consequence of)	2 days
	(c) mitral stenosis	14 years
	(d) Rheumatic fever (inactive)	14 years
II *Other significant conditions* contributing to the death, but not related to the disease or condition causing it	Pregnancy	4 months

* This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

Here the pregnancy clearly contributed to the death, but as it was not related to the pre-existing rheumatic heart disease, it should be entered in Part II of the certificate. Also note that a line (*d*) has been written into Part I of the certificate to report the sequence of events in full.

PERINATAL DEATH CERTIFICATE

A perinatal death certificate is now used in all States and Territories of Australia, and is to be completed in respect of:

(*a*) A child not born alive, of at least 20 weeks' gestation or 400 grammes weight at delivery; and

(*b*) a live-born child who dies within 28 days of birth.

The form of cause of death question on the certificate is reproduced below.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death	
due to †	
due to	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus.	
.....	
due to	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it	
.....	

This form of question is similar to that in the standard death certificate. However, there is one important addition, namely, a special section to identify maternal or other causes giving rise to the underlying cause in the child or foetus.

Section A of Part I, Causes in child or foetus

This section provides for the sequential reporting of the significant morbid conditions in the child or foetus which led directly to death, in such a manner that the underlying cause and the association of the various conditions are clearly indicated. The direct cause of death must always be entered on the top line of Section A, and significant antecedent conditions should be entered on successively lower lines, with the underlying cause in the child or foetus entered on the lowest used line of Section A.

Example

Baby born at 39 weeks. Condiuon at delivery poor, cyanosed from birth, tracheo-oesophageal fistula diagnosed and ligated but baby developed bronchopneumonia on fourth day and died on fifth day.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death Bronchopneumonia	1 day
due to † Tracheo-oesophageal fistula	
due to †	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus.	
due to	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it	

Section B of Part I, Maternal conditions or other causes giving rise to the underlying cause in the child or foetus

Any maternal or other condition (including placental and cord conditions and complications of delivery) which gave rise to the underlying condition in the child or foetus (reported in Section A) should be entered here.

It is most important that such causes be reported fully and accurately, since conditions in the mother or other causes, which gave rise to the underlying condition in the child or foetus, must be known in order to ensure that the true underlying cause of a perinatal death is classified.

Example

The mother had a history of hypertension. She suffered an antepartum haemorrhage at 30/52 due to lateral placenta praevia and went into labour 3 days later. She was delivered of a 1400 gramme infant which died 2 hours after birth. Autopsy showed atelectasis.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death: Atelectasis	2 hours
due to †: Prematurity - 32 weeks	
due to †:	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus.	
Antepartum haemorrhage	
due to: Placenta praevia	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it: Chronic hypertension (Benign) (Present before pregnancy)	

Example

Pregnancy normal. Increasing foetal heart rate and the passage of meconium during labour indicated foetal distress. In spite of forceps delivery the child was dead on delivery. The placenta showed extensive areas of infarction.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death Anoxia	
due to †	
due to	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus.	
Infarction of placenta	
due to	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it	

Part II, Other significant conditions in child, foetus or mother

Enter here any conditions in the child or foetus, or mother, which may have contributed significantly to the death but which were not part of the causal sequence entered in Part I.

Example

Mother had chronic hypertension; breech presentation, prolapse of cord, foetus died during labour.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death Anoxia	
due to †	
due to †	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus.	
Prolapse of cord with compression	
due to Breech presentation	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it Chronic hypertension (benign) (present before pregnancy)	

Example

Mother who was Rh negative had two previous deliveries. During this pregnancy Rh antibodies estimate at 30/52 was such as to indicate possible involvement of the foetus. Spontaneous delivery occurred at 36/52 but the child was dead on delivery and it was estimated that it had been dead for a few hours only. Mother had evidence of mild pre-eclamptic toxaemia from 34/52.

CAUSE OF DEATH PART I.	State approximate interval between onset and death, if known.
A. Causes in Child or Foetus –	
Disease or condition directly leading to death: Haemolytic disease	
due to †	
due to †	
† Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	
B. Maternal Conditions or Other Causes giving rise to the underlying cause in the child or foetus. Rh incompatibility	
due to	
PART II.	
Other significant conditions in child, foetus or mother contributing to the death but not related to the disease or condition causing it: mild pre eclamptic toxaemia	

Interval between onset and death

In the case of conditions which arose in a child after birth, and in other cases where known, the interval between the onset of each condition and the date of death should be entered in the column provided. The unit of time should be entered in each case.

Section 3

PRINCIPAL DEFICIENCIES IN REPORTING

If the information required for precise classification of cause of death is not provided on the death certificate, the Bureau of Census and Statistics is obliged to seek the required additional information from the certifier.

Indefinite terms and abbreviations should not be used, nor should terms which describe symptoms unless further explained or qualified. Where a term describes a morbid condition which could result from several types of infection or poison, the certifier should report the causative agent or if this is unknown, enter the words 'cause unknown'.

Writing should be legible. Many terms are difficult to distinguish unless written clearly, and illegible writing may result in incorrect classification. The following are examples of terms which are difficult to distinguish:

Cardio/cerebro	Heart/heat
Congenital/congestive	Silicosis/scoliosis
Coronary/cerebral	Valvular/vascular

When reporting the cause of death of a person to a Coroner, the cause should be reported in the same manner as on a death certificate to enable the coroner to furnish the cause in this form.

It is appreciated that the medical practitioner cannot know by instinct what detail is required for classification purposes. To aid him, groups of diseases and conditions for which the required detail is often lacking are dealt with below, followed by a list of the more important inadequate descriptions, with the required detail indicated. Appreciation of the deficiencies indicated will to a large extent eliminate the need for further inquiries from the Bureau.

Neoplasms

Neoplasms are classified according to whether benign or malignant, and by site. Hence the terms 'neoplasm', 'growth' and 'tumour' should not be used without qualification as to whether malignant or benign and the site should always be indicated. The histological type should also be stated whenever this is known.

In the case of malignant neoplasms, it is necessary to know the site of the primary growth, even though the primary growth may have been removed long before death. If the primary site is unknown, this fact should be stated on the certificate. The precise site should be indicated. In particular, distinguish between corpus and cervix uteri, parts of the intestinal tract, mouth and throat. For neoplasms of bone, if the histological type is not stated, the kind of tissue of origin (e.g. marrow, osseous tissue) should be indicated.

For precise classification, it is particularly important in the case of malignant neoplasms of liver, lung or lymph glands that the certifier states whether the neoplasm is primary or secondary.

Operations

Do not enter the name of an operation as a cause of death, without stating the condition for which the operation was performed.

Accidental deaths

When a medical practitioner has occasion to certify an accidental death, it is necessary to state the circumstances of the accident. For example, in a death resulting from complications of a fractured femur, state how the fracture was sustained, e.g. tripped and fell down stairs at home (*See* example 4, page 7).

Hypertension

Indicate whether hypertension was present in association with ischaemic heart disease, degenerative heart disease, or cerebrovascular disease. Provision is made in the International Classification of Diseases to identify such associations.

It is important to indicate whether hypertension was malignant or benign. If malignant, any associated organ involvement should be specified.

Infective and parasitic diseases

Where possible, give the name of the causative agent, if the disease name does not make this obvious. If the agent is unknown, enter the words 'cause unknown'.

Perinatal deaths

In certifying causes of perinatal deaths, take careful note of the following points:

Anoxia, asphyxia or atelectasis

Please give your opinion as to the cause.

Birth injuries

Please state the organ involved, type of injury (e.g. haemorrhage, tear), and the cause of the injury (e.g. abnormality of pelvis, malposition of foetus, abnormal forces of labour).

Caesarean section

Please specify the reason for the operation.

Congenital malformations

Please specify the organ and part of organ involved unless this is obvious from the name of the malformation.

Prematurity

If possible, please specify the cause, whether in the child or the mother, of the premature birth, and state the complication directly causing death.

Conditions in the mother

Please indicate whether or not any disease condition present in the mother was related to pregnancy. For example, conditions such as hypertension and pyelonephritis should be qualified as to whether they arose during pregnancy or were present before pregnancy

Section 4

LIST OF TERMS INADEQUATE FOR CLASSIFICATION OF CAUSES OF DEATH

Term	*Additional information required*
Abscess	(i) Site (ii) Cause
Agranulocytosis	Cause. If due to drug therapy, specify condition for which drug given
Anaemia	Whether: *primary* (*specify type*) *secondary* (*specify cause*)
Aneurysm	(i) Site (e.g. cerebral, aortic) (ii) Cause (e.g. syphilitic)
Antepartum haemorrhage	Cause
Anoxia	Cause
Appendicitis	(i) Whether: *acute* *chronic* (ii) Whether: *with peritonitis* *without peritonitis*
Arteriosclerosis	(i) If associated with hypertension, specify type (e.g. benign, malignant) (ii) Arteries involved (e.g. coronary, cerebral)
Arteritis	(i) Arteries involved (ii) Cause (e.g. arteriosclerotic, syphilitic)
Arthritis	Whether: *acute* *gonococcal* *gouty* *osteoarthritic* *rheumatoid* *tuberculous* *due to rheumatic fever*
Asphyxia	Cause
Atelectasis	Cause
Atheroma	Site (e.g. coronary, aortic, valvular)
Birth injury	(i) Site (ii) Type of injury (iii) Cause
Boil	Site
Bright's disease	*See* 'Nephritis'
Bronchitis	(i) Whether: *acute* *chronic* (ii) Whether: *asthmatic* *emphysematous* *allergic*

Term	*Additional information required*
Bronchopneumonia	(i) Causative agent (ii) Whether: *hypostatic* *terminal*
Cachexia	*See* 'Malnutrition'
Calculus	Site
Cancer, carcinoma	*See* Section 3, page 19
Cardiac: failure **dilatation** **hypertrophy**	Disease causing this condition
Cardiovascular disease	(i) Specific disease condition (ii) whether hypertensive
Carditis	(i) Whether of: *myocardium* *endocardium* *pericardium* (ii) Whether: *acute* *rheumatic*
Cerebral degeneration or atrophy	Cause
Cerebral effusion	Cause
Cerebral sclerosis	Whether arteriosclerosis or disseminated sclerosis
Cerebrospinal meningitis	Whether: *meningococcal* *tuberculous* *other organism (specify)*
Chorea	Whether: *rheumatic* *with heart involvement* *without heart involvement* *Huntington's* *gravidarum*
Cirrhosis of liver	Cause (e.g. alcoholic)
Convulsions	Cause (e.g. epileptic, eclamptic)
Cor pulmonale	Underlying cause
Coryza	Complication leading to death
Curvature of spine	(i) Whether: *acquired (e.g. tuberculous)* *congenital* (ii) Whether: *with heart disease and/or hypertension*
Debility	Cause
Dementia	Cause (e.g. senile, alcoholic)
Dermatitis	(i) Type (ii) Cause
Diarrhoea	Cause
Dysentery	Whether: *amoebic* *bacterial* *other protozoal*
Embolism	(i) Site (ii) Cause
Encephalitis	Whether: *acute infectious* *late effect of infectious* *postvaccinal* *idiopathic* *meningococcal* *suppurative* *tuberculous*

Term	*Additional information required*
Endocarditis	Whether: *acute* *sub-acute* *chronic* *rheumatic*
Fatty degeneration	Site (e.g. of heart or liver)
Gangrene	(i) Whether: *arteriosclerotic* *diabetic* *due to gas bacillus* (ii) Site
Goitre	Whether: *simple* *toxic* *diffuse* *nodular*
Haematemesis	Cause
Haemorrhage	(i) Site (ii) Cause
Hemiplegia	Cause of lesion and whether late effect
Hepatitis	Whether: *acute infective* *chronic* *alcoholic* *of newborn* *of pregnancy* *puerperal* *post-immunization* *post-transfusional*
Hydrocephalus	Whether: *congenital* *acquired* (*e.g. tuberculous*)
Hyperinsulism	Cause
Hypertension	(i) Whether: *benign* *malignant* *associated with pregnancy* (ii) Whether with: *heart involvement* *cerebrovascular involvement* *renal involvement*
Immaturity	(i) Cause (ii) Associated disease or condition
Influenza	Whether: *with pneumonia* *with other respiratory manifestation* (*specify*) *with digestive manifestations* *with nervous manifestations*
Intestinal obstruction, occlusion, stenosis or stricture	Cause
Leukaemia	(i) Whether: *acute* *chronic* (ii) Whether: *lymphatic* *myeloid* *monocytic*
Liver failure	Cause
Lymphadenitis	Cause (e.g. tuberculous, septic wound)
Lymphoma	Whether: *Hodgkin's disease* *Brill-Symmers' disease*
Malignant neoplasm	*See* Section 3, page 19

Term	*Additional information required*
Malnutrition	(i) Whether: *congenital* *due to deprivation* *due to disease (specify)* (ii) Type of deficiency (e.g. protein, Vitamin A)
Meningitis	Whether: *meningococcal* *tuberculous* *other organism (specify)*
Mental retardation	Underlying physical condition
Myocarditis	Whether: *acute rheumatic* *acute non-rheumatic* *chronic rheumatic* *other chronic*
Neoplasm	*See* Section 3, page 19
Nephritis	(i) Whether: *acute* *sub-acute* *with oedema* *chronic* (ii) Cause if infective or toxic (iii) Whether associated with: *hypertension* *arteriosclerosis* *heart disease* *pregnancy*
Obstruction of intestine	(i) Cause (ii) If paralytic following operation, state condition for which operation performed
Oedema of lungs	(i) Whether: *acute* *hypostatic* *secondary to heart disease* *with hypertension* (ii) If hypostatic or terminal, specify condition necessitating inactivity
Paget's disease	Whether of: *bone* *breast* *skin*
Paralysis, paresis	(i) Cause (e.g. due to birth injury, syphilis) (ii) Precise form (e.g. infantile, agitans)
Paralytic ileus	Cause
Pelvic abscess **Parimetritis** **Peritonitis** **Phlebitis**	Cause, particularly whether due to puerperal or post-abortive infection
Peptic ulcer	Whether: *stomach* *duodenum*
Pleural effusion	Cause, particularly whether tuberculous
Pneumoconiosis	Whether: *silicosis* *anthracosilicosis* *asbestosis* *associated with tuberculosis* *other (specify)*
Pneumonia	(i) Organism (ii) If hypostatic or terminal, specify underlying cause
Pneumothorax	Cause
Prematurity	(i) Cause (ii) Associated disease or condition

Term	*Additional information required*
Pulmonary oedema	Cause
Renal disease or failure	(i) Precise condition (ii) Cause (iii) Whether: *with malignant hypertension* *with benign hypertension*
Respiratory infection	Nature of infection
Rheumatic fever	Whether: *with heart involvement* *without heart involvement* *rheumatic process active at time of death*
Rickets	Whether: *active* *late effects* *foetal* *renal* *scurvy*
Rodent ulcer	Site
Sclerosis	Whether: *arterial:* *coronary* *cerebral (specify whether disseminated or arteriosclerosis)* *disseminated* *spinal (lateral, posterior)* *renal*
Scoliosis	(i) Whether: *acquired (e.g. tuberculous)* *congenital* (ii) Whether with heart disease and/or hypertension
Senility	More specific information, if available
Septicaemia	(i) Cause (ii) Organism
Septic infection	If localised, specify site
Silicosis	Whether associated with tuberculosis
Softening of brain	Cause (e.g. embolism)
Spondylitis	Whether: *ankylosing* *deformans* *sacro-iliac* *gonococcal* *tuberculous*
Stenosis, stricture	(i) Site (ii) Whether: *congenital* *acquired (specify cause)*
Syphilis	(i) Organ affected (ii) Whether: *congenital* *early or late*
Tetanus	Mode of infection: *following slight injury* *following major injury* *puerperal*
Thrombosis	(i) Whether: *arterial (specify artery)* *intracranial sinus:* *pyogenic* *non-pyogenic* *late effect* *post-abortive* *puerperal* *venous (specify site)* *portal*

Term	*Additional information required*
Thrombosis—*continued*	(ii) If post-operative, or due to confinement in bed, specify condition which necessitated operation or immobilisation
Toxaemia	(i) Cause (ii) If of pregnancy, distinguish : *albuminuria* *eclampsia* *hyperemesis* *hepatitis* *hypertension* *pre-eclampsia*
Tuberculosis	(i) Primary site (ii) Associated pneumoconiosis if present
Tumours	*See* Section 3, page 19
Ulcer	(i) Site (ii) Whether perforated or not
Uraemia	(i) Cause (ii) Associated childbirth or pregnancy
Upper respiratory tract infection	Complication leading to death
Valvular disease	(i) Valve(s) affected (ii) Acute or chronic (iii) If lesion of rheumatic origin, whether rheumatic fever was active at time of death (iv) If lesion of non-rheumatic origin, specify cause
Vascular disease	(i) Nature (e.g. hypertensive, peripheral) (ii) Cause
Yellow atrophy of liver	Cause (e.g. acute infective hepatitis, post-immunisation post-transfusion, toxaemia of pregnancy or of puerperium.)

Offices of the Bureau of Census and Statistics

Note: Addresses and telephone numbers are subject to change. If difficulties arise, please consult the Government Departments sections of the metropolitan telephone directories.

Office	*Address*	*Postal box*	*Telephone* *Area code*	*Number*
Sydney	Bank House, 315 George Street, 2000	796, G.P.O., 2001	02	2 0248
Melbourne	Cnr. Elizabeth and Flinders Streets, 3000	2796Y, G.P.O., 3001	03	63 0181
Brisbane	320–330 Adelaide Street, 4000	—	072	33 5011
Adelaide	Prudential Building, 195 North Terrace, 5000	1433J, G.P.O., 5001	082	28 9911
Perth	12th Floor, T. and G. Building, 37–39 St George's Terrace, 6000	—	—	21 8041
Hobart	Kirksway House, Cnr. Kirksway Place and Montpelier Retreat, 7000	66A, G.P.O., 7001	002	20 2122
Darwin	2nd Floor, C.M.L. Building, Smith Street, 5790	3796 P.O., 5794	—	9381
Canberra	Treasury Building, Newlands Street, Parkes, A.C.T. 2600	—	062	63 9111

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